

# **Wisconsin EMS Scope of Practice**

## **EMT-Basic**

### **Emergency Medical Technician – Basic**

This level of EMS provider has successfully completed a program of training based upon the WI EMT-Basic Curriculum, and has successfully completed the department's testing requirements. Individuals must hold a valid WI license with an approved EMS Service to practice at this level.

<b>AIRWAY / VENTILATION / OXYGENATION</b>
Airway – Lumen (Non-visualized)
Airway – Nasal (Nasopharyngeal)
Airway – Oral (Oropharyngeal)
Bag-Valve-Mask (BVM)
End Tidal CO2 monitoring **
CPAP**
Cricoid Pressure (Sellick)
Manual Airway Maneuvers
Obstruction – Forceps & Laryngoscope (Direct Visual)
Obstruction - Manual
Oxygen Therapy – Nebulizer
Oxygen Therapy – Nasal Cannula
Oxygen Therapy –Non-rebreather Mask
Oxygen Therapy – Regulators
Pulse Oximetry *
Suctioning –Upper Airway (Soft & Rigid)
<b>ASSISTED MEDICATIONS – PATIENTS</b>
Auto-Injected Epinephrine
Medicated Inhaler – Prescribed Albuterol
Medicated Inhaler – Prescribed Atrovent**
Nitroglycerin
Oral Glucose

<b>CARDIOVASCULAR / CIRCULATION</b>
ECG Monitor * (non-interpretive)
12-Lead ECG – (acquire but non -interpretive)**
Cardiopulmonary Resuscitation (CPR)
CPR - Mechanical Device **
Defibrillation – Automated / Semi-Automated (AED)
Defibrillation – Manual **
Hemorrhage Control – Direct Pressure
Hemorrhage Control – Pressure Point
Hemorrhage Control - Tourniquet
Trendelenberg Positioning

<b>MEDICATION ADMINISTRATION- ROUTES</b>
Aerosolized/Nebulizer
Auto-Injector
Intramuscular(IM)
Oral
Subcutaneous (SQ)**
Sub-Lingual (SL)

*All skills are mandatory unless otherwise indicated and require an approved protocol.*

*\* Optional use by service*

*\*\* Optional use by service and Requires:*

- *Prior written approval of the Operational Plan by the State EMS office and*
- *Medical Director approval and*
- *Documentation of additional training as necessary*

<b>REMINDER: Personnel must be trained &amp; competent in all equipment that is used by the service</b>
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### IMMOBILIZATION

Spinal Immobilization – Cervical Collar
Spinal Immobilization – Long Board
Spinal Immobilization – Manual Stabilization
Spinal Immobilization – Seated Patient (KED, etc.)
Selective Spinal Immobilization **
Splinting – Manual
Splinting – Pelvic Wrap / PASG*
Splinting – Rigid
Splinting – Soft
Splinting – Traction
Splinting – Vacuum*

### MEDICATIONS

HFS 110. 05 (4)(d) Administration of additional medications approved by the department based on recommendations of the emergency medical services board under s. 146.58, Stats., the EMS physician advisory committee under s. 146.58 (1), Stats., and the Wisconsin EMS program medical director under s. 146.55 (2m), Stats. with final approval by the State EMS office.

### MISCELLANEOUS

Assisted Delivery (Childbirth)
Blood Glucose Monitoring**
Blood Pressure – Automated *
Eye Irrigation
Vital Signs
Patient Physical Restraint Application

### APPROVED MEDICATIONS BY PROTOCOL

Activated Charcoal*
Albuterol (Nebulized – Unit Dose)**
Atrovent (Nebulized – Unit Dose)**
Aspirin (ASA) for chest pain**
Epinephrine for Anaphylaxis (unit dose)
Glucagon**
Mark I Auto-Injector (For Self & Crew)
Oral Glucose

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